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Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0687

**2011**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

For calendar year 2011 or other tax year beginning **07/01/11**, and ending **06/30/12**. See separate instructions.

**A**  Check box if address changed

**B** Exempt under section  
 501(c) ( **3** )  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

**C** Book value of all assets at end of year  
**26,836,971**

**D** Employer identification number (Employees' trust, see instructions)  
**86-0663432**

**E** Unrelated business activity codes (See instructions)  
**531120**

Name of organization (  Check box if name changed and see instructions )  
**NORTH COUNTRY HEALTHCARE, INC.**

Number, street, and room or suite no. If a P O box, see instructions  
**2920 N. 4TH STREET**

City or town, state, and ZIP code  
**FLAGSTAFF AZ 86004**

**F** Group exemption number (See instructions) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity  
▶

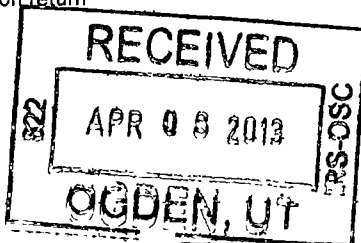
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation  
▶

**J** The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **928-213-6100**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		<b>1c</b>		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)	<b>3,222</b>	<b>3,222</b>	
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule)			
13	Total. Combine lines 3 through 12	<b>3,222</b>	<b>3,222</b>	<b>0</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
15	Salaries and wages		<b>15</b>	
16	Repairs and maintenance		<b>16</b>	
17	Bad debts		<b>17</b>	
18	Interest (attach schedule)		<b>18</b>	
19	Taxes and licenses		<b>19</b>	
20	Charitable contributions (See instructions for limitation rules)		<b>20</b>	
21	Depreciation (attach Form 4562)		<b>21</b>	
22	Less depreciation claimed on Schedule A and elsewhere on return		<b>22a</b>	<b>22b</b> <b>0</b>
23	Depletion		<b>23</b>	
24	Contributions to deferred compensation plans		<b>24</b>	
25	Employee benefit programs		<b>25</b>	
26	Excess exempt expenses (Schedule I)		<b>26</b>	
27	Excess readership costs (Schedule J)		<b>27</b>	
28	Other deductions (attach schedule)		<b>28</b>	
29	Total deductions. Add lines 14 through 28		<b>29</b>	
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		<b>30</b>	
31	Net operating loss deduction (limited to the amount on line 30)		<b>31</b>	
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30		<b>32</b>	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		<b>33</b>	<b>1,000</b>
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		<b>34</b>	<b>0</b>



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P 16

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here. 36 Trusts Taxable at Trust Rates. See instructions for tax computation. 37 Proxy tax. See instructions. 38 Alternative minimum tax. 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 41 Subtract line 40e from line 39. 42 Other taxes. 43 Total tax. Add lines 41 and 42. 44a Payments. A 2010 overpayment credited to 2011. 45 Total payments. Add lines 44a through 44g. 46 Estimated tax penalty (see instructions). 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed. 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. 49 Enter the amount of line 48 you want credited to 2012 estimated tax.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 3 Enter the amount of tax-exempt interest received or accrued during the tax year.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year. 2 Purchases. 3 Cost of labor. 4a Additional sec 263A costs (attach sch). 4b Other costs (attach schedule). 5 Total. Add lines 1 through 4b. 6 Inventory at end of year. 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Sign Here. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of preparer: Rachel Locke, Date: 4/2/13, Title: CFO.

Paid Preparer Use Only. Print/Type preparer's name: RACHEL LOCKE. Preparer's signature: Rachel Locke. Date: 03/27/13. Firm's name: FESTER & CHAPMAN PC. Firm's address: 8283 N HAYDEN RD STE 200 SCOTTSDALE, AZ 85258-2456. Firm's EIN: 86-0494040. Phone no: 602-264-3077.

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1) <b>N/A</b>
(2)
(3)
(4)

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ▶

(c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A) ▶

**Schedule E – Unrelated Debt-Financed Income (see instructions)**

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property <b>STMT 1</b>		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) <b>COMMERCIAL RENTAL</b>	<b>4,395</b>		<b>4,395</b>	
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) <b>5,481,278</b>	<b>7,477,690</b>	<b>73.30%</b>	<b>3,222</b>	<b>3,222</b>
(2)		%		
(3)		%		
(4)		%		
<b>SEE STATEMENT 2 SEE STATEMENT 3</b>			Enter here and on page 1, Part I, line 7, column (A) ▶	Enter here and on page 1, Part I, line 7, column (B) ▶
<b>Totals</b>			<b>3,222</b>	<b>3,222</b>

Total dividends-received deductions included in column 8 ▶

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc	6. Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) ▶	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) ▶

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
<b>Totals</b>	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b>	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26

**Schedule J – Advertising Income (see instructions)**

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>						

**Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )**

(1) <b>N/A</b>						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b>						

**Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)**

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>			%
(2)			%
(3)			%
(4)			%
<b>Total. Enter here and on page 1, Part II, line 14</b>			

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2011**

Attachment Sequence No **179**

▶ See separate instructions.      ▶ Attach to your tax return.

Name(s) shown on return

**NORTH COUNTRY HEALTHCARE, INC.**

Identifying number

**86-0663432**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,162,558

**Part III MACRS Depreciation (Do not include listed property) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	1,162,558
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2011)

Forms <b>990 / 990-PF</b>	<b>Mortgages and Other Notes Payable</b>	<b>2011</b>
For calendar year 2011, or tax year beginning <b>07/01/11</b> , and ending <b>06/30/12</b>		

Name <b>NORTH COUNTRY HEALTHCARE, INC.</b>	Employer Identification Number <b>86-0663432</b>
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**FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) <b>BANK OF AMERICA</b>	
(2) <b>J.P. MORGAN CHASE BANK</b>	
(3) <b>FAMILY HEALING CENTER P.C.</b>	
(4) <b>J.P. MORGAN CHASE BANK</b>	
(5) <b>J.P. MORGAN CHASE BANK</b>	
(6) <b>J.P. MORGAN CHASE BANK</b>	
(7) <b>WHITE MOUNTAIN PAYABLE</b>	
(8) <b>HOLBROOK PAYABLE</b>	
(9) <b>J.P. MORGAN CHASE BANK</b>	
(10) <b>J.P. MORGAN CHASE BANK</b>	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>98,400</b>	<b>09/05/01</b>	<b>09/05/16</b>	<b>\$969/MO. PRIN &amp; INT</b>	<b>8.500</b>
(2) <b>6,247,500</b>	<b>06/30/06</b>	<b>10/10/12</b>	<b>\$48,633/MO. PRIN &amp; INT</b>	<b>6.950</b>
(3) <b>225,000</b>	<b>12/20/06</b>	<b>12/17/17</b>	<b>\$2,711/MO. PRIN &amp; INT</b>	<b>6.500</b>
(4) <b>500,000</b>	<b>05/15/07</b>	<b>01/14/13</b>	<b>INTEREST ONLY PAYMENTS</b>	<b>6.000</b>
(5) <b>85,000</b>	<b>01/03/08</b>	<b>11/15/12</b>	<b>\$663/MO. PRIN &amp; INT</b>	<b>6.950</b>
(6) <b>500,000</b>	<b>12/14/07</b>	<b>03/25/13</b>	<b>\$9,986/MO. PRIN &amp; INT</b>	<b>7.250</b>
(7) <b>211,500</b>	<b>05/26/10</b>	<b>04/26/30</b>	<b>\$1,282/MO. PRIN &amp; INT</b>	<b>4.000</b>
(8) <b>65,251</b>	<b>03/01/10</b>	<b>03/01/15</b>	<b>\$1,202/MO PRIN &amp; INT</b>	<b>4.000</b>
(9) <b>169,428</b>	<b>12/02/11</b>	<b>12/04/16</b>	<b>\$3,179/MO. PRIN &amp; INT</b>	<b>4.680</b>
(10) <b>5,481,278</b>	<b>06/26/12</b>	<b>07/10/17</b>	<b>\$31,319/MO. PRIN &amp; INT</b>	<b>3.270</b>

Security provided by borrower	Purpose of loan
(1) <b>STUDENT HOUSING UNIT</b>	
(2) <b>CENTER'S LAND</b>	<b>CONSTRUCTION &amp; REFINANCING</b>
(3) <b>HOLBROOK CLINIC</b>	
(4) <b>PURCHASED EQUIPMENT</b>	<b>PURCHASE OF DENTAL EQUIPMENT</b>
(5) <b>CENTER'S LAND &amp; CLINIC IN FLAGSTAFF</b>	<b>CONSTRUCTION OF THE CENTER'S CLINIC</b>
(6) <b>CENTER'S LAND &amp; THE FLAGSTAFF CLINIC</b>	<b>LEASEHOLD IMPROVEMENTS</b>
(7) <b>LAND</b>	<b>PURCHASE LAND IN SPRINGERVILLE, AZ</b>
(8) <b>LAND</b>	<b>PURCHASE OF LAND FOR A NEW CLINIC</b>
(9) <b>PURCHASED VEHICLES AND EQUIPMENT</b>	<b>TO PURCHASE VEHICLES AND EQUIPMENT</b>
(10) <b>CENTER'S LAND &amp; CLINIC IN FLAGSTAFF</b>	<b>REFINANCE OF THE CENTER'S CLINIC</b>

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>49,069</b>	<b>41,312</b>
(2)	<b>5,578,709</b>	
(3)	<b>170,329</b>	<b>148,214</b>
(4)	<b>166,632</b>	<b>55,736</b>
(5)	<b>77,423</b>	
(6)	<b>196,181</b>	<b>87,178</b>
(7)	<b>203,250</b>	<b>195,866</b>
(8)	<b>50,139</b>	<b>37,494</b>
(9)		<b>154,168</b>
(10)		<b>5,481,278</b>
<b>Totals</b>	<b>6,491,732</b>	<b>6,201,246</b>

**Statement 1 - Form 990-T, Schedule E, Column 3b - Other Deductions**

<u>Description</u>	<u>Deduction</u>
COMMERCIAL RENTAL	
RENT AND OCUPANCY COSTS	9,840
DEDUCTION FOR LACK OF PROFIT MOTIVE	<u>-5,445</u>
TOTAL	<u><u>4,395</u></u>

**Statement 2 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt**

<u>Description</u>	<u>Deduction</u>
COMMERCIAL RENTAL	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	65,775,336
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	<u>12</u>
AVERAGE ACQUISITION DEBT	<u><u>5,481,278</u></u>

**Statement 3 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis**

<u>Description</u>	<u>Deduction</u>
COMMERCIAL RENTAL	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	6,589,833
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	<u>8,365,546</u>
	14,955,379
DIVIDED BY 2	<u>2</u>
AVERAGE ADJUSTED BASIS	<u><u>7,477,690</u></u>



# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)**

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions <b>NORTH COUNTRY HEALTHCARE, INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>86-0663432</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>2920 N. 4TH STREET</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>FLAGSTAFF AZ 86004</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

07

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**NORTH COUNTRY HEALTHCARE, INC.**  
**2920 N. 4TH STREET**

- The books are in the care of ▶ **FLAGSTAFF** **AZ 86004**

Telephone No ▶ **928-213-6100** FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **05/15/13**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **07/01/11**, and ending **06/30/12**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

**Caution** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions